



CORPORATE COMPLIANCE REPORTING RESPONSIBILITIES SUMMARY DOCUMENT

- Provides a framework for reporting Corporate Compliance Program activities to the Board of Directors through the Audit & Compliance Committee and Chief Executive Officer
- Establishes formal reporting requirements through written reports and meeting minutes

Approval:

Audit & Compliance Committee of the Board of Directors on 01/18/2011



Category: CCH SYSTEM WIDE		
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PURPOSE

Cook County Health (collectively, "CCH") is committed to high ethical and moral standards, as well as ethical and legal business conduct at all levels of the organization. The Office of Corporate Compliance functions to prevent and detect violations of applicable laws and regulations. Therefore, it is the policy of CCH to have in place a system for reporting Corporate Compliance activities to the CCH Board of Directors (Board) through the Audit & Compliance Committee and the CCH Chief Executive Officer (CEO).

AFFECTED AREAS

This policy applies to the Office of Corporate Compliance, CCH Board of Directors, and the CCH CEO.

POLICY

- A. The Board has an obligation with respect to the duty of care, which arises in two distinct contexts:
 1. The decision-making function – application of duty of care principles to a specific decision made by the Board or action performed by the Board; and
 2. The oversight function – application of the duty of care principles in relation to the Board's general activity with respect to business operations (e.g. exercising reasonable care to assure that CCH senior leadership carry out their management responsibilities and comply with the law).
- B. The Board must act in good faith in the exercise of its oversight responsibility for the entire organization, including oversight of the CCH Corporate Compliance Program. With these obligations in mind and considering the ongoing expansion of health care regulatory enforcement activities, monitoring the Corporate Compliance Program is critical. This includes making inquiries of the Corporate Compliance Program to ensure that:
 1. There are Corporate Compliance Program information and reporting systems that exist and are operational; and
 2. The Board has adequate and appropriate information related to the Corporate Compliance Program in order to fulfil its oversight responsibilities.
- C. The Board has the responsibility to make a good faith effort to support and monitor the Corporate Compliance Program. In turn, Corporate Compliance must provide the Board with information as it relates to compliance risk and organizational impact to support the Board's duty of care responsibilities.
- D. CCH has the responsibility to establish guidelines for reporting compliance violations to the Board. The Board should understand the process used by operational leadership for evaluating and responding to violations reported and substantiated, in relation to CCH's policies, as well as applicable federal and state laws. Information reported to the Board should be sufficient for the Board to evaluate the appropriateness of the organization's response.
- E. The Chief Compliance & Privacy Officer or designee shall maintain communication between the Board and its committees, independent auditors, and senior management. The Chief Compliance & Privacy Officer shall

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address and review matters concerning or relating to the Corporate Compliance Program and making the appropriate parties aware of issues as deemed necessary or required by CCH policy.

PROCEDURE

- A. The Chief Compliance & Privacy Officer, or their designee, will provide a formal report on the status of the CCH Corporate Compliance Program to the Board through the Audit & Compliance Committee and the CEO. The Chief Compliance & Privacy Officer or designee will provide such reports on a regular basis, and as needed between regularly scheduled meetings. Issues of high compliance risk and high organizational impact will be reported at the time Corporate Compliance has knowledge of the incident.
- B. The Chief Compliance & Privacy Officer or designee will ensure that Board-level reporting addresses both reactive issues and proactive Compliance Program activities. Reporting shall include, at a minimum, information regarding:
 1. Valid, substantiated high compliance risk and high organizational impact concerns along with plans for remediation;
 2. The status of ongoing investigations;
 3. Trends and patterns of compliance-related issues;
 4. Corporate Compliance Program statistics (e.g. hot-line statistics, audit results, etc.);
 5. Plans for ongoing education and focused education;
 6. Corporate Compliance Program intervention and corrective actions; and
 7. Corporate Compliance Program work plan(s).
- C. Audit & Compliance Committee of the Board meeting minutes should include the report of Corporate Compliance and any discussions regarding compliance issues.
- D. The minutes of the Audit & Compliance Committee shall be reviewed by the Board as a whole.
- E. The Chief Compliance & Privacy Officer or designee must be available to the full Board to respond to any inquiries and questions related to Audit & Compliance Committee reporting and actions (e.g. policy approvals, approval of corrective action plans, audit matters, etc.).
- F. The Chief Compliance & Privacy Officer or designee will be available to meet with independent Board members in executive session.

POLICY REVIEW/UPDATE SCHEDULE

Every three (3) years, or more often as appropriate.

REGULATORY REFERENCES

[Corporate Responsibility and Corporate Compliance: A Resource for Health Care Boards of Directors by the Office of Inspector General of the U.S. Department of Health and Human Services and the American Health Lawyers Association](#)

[Department of Health and Human Services, Office of Inspector General: Compliance Resources](#)

[Patient Protection and Affordable Care Act \(PPACA\), Section 6401](#)

State of Illinois Contract between the Department of Healthcare and Family Services and County of Cook, a Body Politic and Corporate by and through its Cook County Health and Hospitals System for Furnishing Health Services by a County Managed Care Community Network, 2018-24-201

[United States Sentencing Commission Guidelines: 2015 Chapter 8 — Sentencing of Organizations](#)

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POLICY REFERENCES

CCH Code of Ethics

CCH Corporate Compliance Program Policy

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POLICY LEAD

Cathy Bodnar, MS, RN, CHC
Chief Compliance & Privacy Officer
Cook County Health

REVIEWER

John Jay Shannon, MD
Chief Executive Officer

APPROVAL PARTY

CCH Audit & Compliance Committee
Approved on [INSERT DATE]

REVIEW HISTORY:

Written: 12/03/2010
Approval: 01/18/2011¹

¹ Initial approval at the Audit and Compliance Committee of the Board of Directors of Cook County Health and Hospitals System on Tuesday, January 18, 2011 at John H. Stroger, Jr. Hospital of Cook County, 1900 W. Harrison Street, in the fifth floor conference room, Chicago, Illinois.

Updated: 05/31/2019
Approval: